

**MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-022431**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**5024**

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** b. COUNTY **Marion**

c. CITY OR TOWN **Centralia**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Luke's Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**433 Polo**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**IDA**

**MARIE**

**WINDMOELLER**

4. DATE OF DEATH

Month **May** Day **9** Year **1963**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**9/1/80**

9. AGE (last birthday)  
**82**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY  
**At Home**

11. BIRTHPLACE (City and state or country)  
**Hovleton, Illinois**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Weigel**

13b. MOTHER'S MAIDEN NAME

**Marv Hahne**

14. NAME OF HUSBAND OR WIFE

**Henry C. Windmoeller**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Adrinne Walker-Centralia, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Ulcerative Colitis**

INTERVAL BETWEEN ONSET AND DEATH

**5 years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**5722**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1954** to **death** and last saw her alive on **5/8/65**  
Death occurred at **9 May 2 30 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**William D. Perry MD.**

**100 N Euclid St. Centralia, Ill.**

**5/9/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Burial**

**5/11/63**

**Hill Crest Cemetery**

**Sandoval Twsp., Illinois**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**GARDNIER Funeral Home-Centralia, Ill. MAY 9 1963**

**Carl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1  
2 **81202**  
3 **71**  
4 **1**  
5 **2**  
6  
7 **1**  
8 **1**  
9  
10  
11  
12 **81-0**  
13  
**81**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Karsky  
Licensed Embalmer No. 7541

P. O. Address East - Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.